PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance ree notifica	tions.				. , ,	0 1	
CURRENT CORRESPOND	ree(s) Transmittal Tr	us certificate ca	nnot he used f	r domestic mailings of the or any other accompanying nt or formal drawing, mus			
29180 7590 01/10/2007							
BELL, BOYD,	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
P.O. BOX 1135							
CHICAGO, IL 6	addressed to the Mail Stop ISSUE FEE address above, or being facsimile						
CINCAGO, IL 0	ι Γ						
			Ì		 <u></u>		(Depositor's name) (Signature)
			į				(Date)
APPLICATION NO.	. FILING DATE		FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/625,543	10/625,543 07/24/2003		Gholam A. Peyman		116161-052 8200		
TITLE OF INVENTION: RETINAL TRANSLOCATION AND FIXATION USING ADHESIVE MATERIAL							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	IE PREV PAID ISSU	PREV. PAID ISSUE FEE TOTAL FEE(S) D		DATE DUE
nonprovisional	YES	\$700	\$0	\$0			04/10/2007
EXAMI	INER	ART UNIT	CLASS-SUBCLASS	¬			0 11 10/2007
KIM, VIO	CKIE Y	1618	600-300000				
1. Change of corresponder CFR 1.363).	nce address or indicatio	2. For printing on the patent front page, list (1) the pames of up to 2 registered at the BELL, BOYD & LLOYD LLP					
,	ondence address (or Cha /122) attached.	or agents OR, alternatively,					
☐ "Fee Address" indic	cation (or "Fee Address"	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attach	2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or	type)			-
					ee is identified	below, the do	cument has been filed for
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
MINU, LLC Pittsboro, NC							
Please check the appropria	ate assignee category or	categories (will not be pr	inted on the patent):	☐ Individual XXCo	rporation or oth	er private grou	p entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee		A check is enclosed.					
☐ Publication Fee (No	small entity discount p	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	of Copies 3	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).					
5. Change in Entity Statu a. Applicant claims		above)					· · · · · · · · · · · · · · · · · · ·
NOTE: The Issue Fee and	Publication Fee (if requ	ired) will not be accented	b. Applicant is no lo	the applicant: a region	L ENTITY stat	us. See 37 CFI	R 1.27(g)(2).
interest as shown by the re	cords of the United State	es Patent and Trademark	Office.	t the applicant, a regis	stered attorney o	or agent; or the	assignee or other party in
Authorized Signature _	Q//4/02		Date Apr	il 10,	2007		
Typed or printed name deffrey J. Howell			Registration No. 46, 402				
This collection of informat	tion is required by 37 Cl	R 1.311. The information	n is required to obtain or				w the LICOTO to manage-
an application. Confidentia	ality is governed by 35	U.S.C. 122 and 37 CFR 1	1.14. This collection is e	stimated to take 12 m	inutes to compl	lete, including	gathering, preparing, and
submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ns for reducing this burg	USPTO. Time will vary len, should be sent to the NOT SEND FEES OR C	depending upon the ind Chief Information Offi COMPLETED FORMS	ividual case. Any concer, U.S. Patent and TO THIS ADDRESS.	nments on the a rademark Office SEND TO: Co.	amount of time e, U.S. Depart mmissioner for	you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450
Under the Paperwork Redu							